

CITY OF BOSTON



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Mayor's Office of Consumer Affairs and Licensing

*How to Apply for an Annual Seven-Day License to Maintain Exhibitions, Shows,
Video Games, Pinball Machines, or Other Amusements*

1. The applicant should complete this application and file it with the Licensing Division, Room 817, Boston City Hall, telephone 635-4165.
2. After the application is filed, a Licensing Investigator may schedule a hearing to take place generally three (3) to four (4) weeks later. The fee for the hearing is \$100 and must be paid prior to the hearing date.
3. A hearing notice will be provided to the applicant, who must publish and serve said hearing notice pursuant to the guidelines provided to the applicant with the required notice.
4. The applicant should contact interested community organizations. If help is needed in identifying community organizations, the Licensing Division or the Mayor's Office of Neighborhood Services will provide assistance.
5. Both the applicant and the person who will be in control of the premises must appear at the hearing.
6. All applicants must submit the following documents:

DOCUMENT CHECKLIST

- () Inspection Certificate and Use & Occupancy Certificate
Inspectional Services-1010 Massachusetts Ave
- () Fire Assembly Permit (capacity 50 and over)
Fire Department Headquarters-1 15 Southampton St.
- () Articles of Organization of the Corporation
Secretary of State's Office-1 Ashburton Place
- () d/b/a Certificate (doing business as)
City Clerk's Office, Boston City Hall, Room 601
- () AB/CV License
Licensing Board, Boston City Hall, Room 809
- () Floor plan indicating location of Live Entertainment, Floorshow, Dance Floor, Amusement Devices
- () Deed or Lease

THOMAS M. MENINO, Mayor

PART I
ENTERTAINMENT

Please identify with a checkmark the entertainment for which you are applying:

- | | |
|--|--|
| <input type="checkbox"/> Instrumental Music, # of _____
<input type="checkbox"/> Vocal Music, # of _____
<input type="checkbox"/> Disc Jockey <input type="checkbox"/> Karaoke
<input type="checkbox"/> Dancing by patrons
<input type="checkbox"/> Exhibition or Trade Show
<input type="checkbox"/> Movie Theater # of Screens _____
<input type="checkbox"/> Stage Plays, # of Stages _____
<input type="checkbox"/> Floor Show, Please Describe i.e. Comedian, Dance Performance, Cabaret _____
<input type="checkbox"/> Athletic Event, Please Describe _____
<input type="checkbox"/> Peep Booths, #- _____ No. of Channels per Booth _____
<input type="checkbox"/> Video(s) & Pinball Machine(s), # of _____ | <input type="checkbox"/> Radio
<input type="checkbox"/> Cassette/compact disc player
<input type="checkbox"/> Jukebox
<input type="checkbox"/> TV/Monitor, # of _____
<input type="checkbox"/> Widescreen TV(larger than 27"), # of _____
<input type="checkbox"/> VCR
<input type="checkbox"/> Dartboards |
|--|--|

If you are applying for any type of coin controlled amusement game machine, please answer the following:

1. Name(s) of game or machine: _____
2. Manufacturer and Manufacturer's Serial Number(s) _____
3. Will you own the coin-controlled game(s)? _____
4. If not, please provide the name, address and telephone number of the owner/vendor of the games

5. Is this game(s) approved by the State Director of Standards? Yes _____ No _____
6. Does your premises have a remote switch to shut off games? Yes _____ No _____ If yes, please indicate location of such switch. _____
7. Is this a game(s) involving, in whole or in part, the skill of the player? Yes _____ No _____

As part of the entertainment, will any entertainer, employee or person on the licensed premises be permitted to be unclothed or in such attire as to expose to view any portion of the areola of the female breast or any portion of the pubic hair, cleft of the buttocks, or genitals? YES _____ NO _____
Explain in what manner such a person is presented. _____

If you are restricting admission for ENTERTAINMENT to adults as a matter of practice, are the premises licensed within the Adult Entertainment District? YES _____ NO _____ If no, has ENTERTAINMENT on these premises been restricted to adults continuously since November 26, 1974, or prior thereof? YES _____ NO _____

PART II
Business Organization

1. Corporation name(if applicable) _____
2. d/b/a(business name) _____ 3. Telephone(premises) _____
4. Business Address _____
5. Attorney's name _____
6. Attorney's address _____ 7. Attorney's telephone _____

PART III
Manager of Record

Please provide the following information on the proposed manager of record:

- Proposed Manager of Record: _____
- Home Address _____
- Phone Number _____ Social Security Number _____
- Date of Birth _____ Place of Birth _____
- Mother's Maiden Name _____ Father's Name _____

WITHIN THE PAST SEVEN YEARS, HAS THE PROPOSED MANAGER BEEN CONVICTED OF A FELONY OR A VIOLATION OF A STATE OR FEDERAL NARCOTICS LAW? _____

PART IV
Operation

1. Proposed Capacity of Premises _____
2. Number of Restrooms _____ Number of Egresses _____
3. Hours of Operation of AB/CV License _____
4. Proposed Hours of Entertainment _____
5. (a) Number of employees at peak hours on the premises _____
 (b) Number of employees on the premises at any given time _____
 (c) Number of Managers or designated person in charge on the premises _____

PART V
Business Organization

1. Please check the applicable section:

The business for which this application is being filed is a,

- () Sole Proprietorship (please state owner's name) _____
- () Partnership (list partners) _____
- () Corporation (if the applicant is a corporation, give the name and home address of each officer, director and each shareholder and the amount of stock in the corporation owned by each. Submit cover sheet if necessary) _____
- _____
- _____

2. Employer I.D. Number _____

3. If new ownership, please indicate previous d/b/a, owner and date you assumed possession _____

4. Was there an approved transfer of A.B. License or C.V. License within the last year? YES ____ NO ____

5. Do you have any financial or corporate relationship with the prior owner? YES ____ NO ____ If yes, please explain _____

6. Does anyone who holds direct or indirect interest in this premises hold direct or indirect interest in any other premises which has an entertainment license in the City of Boston? If yes, please describe: _____

7. Has anyone who holds direct or indirect interest in the premises ever been denied an entertainment license or had an entertainment license suspended, revoked, or voluntarily surrendered an entertainment license in any jurisdiction? Yes ____ No ____ If yes, please attach explanation and dates and indicate the person with the aforementioned interest _____

8. Has the applicant, or a director or officer of the applicant:(if yes to any, please attach explanation)

- a. been convicted of a felony within the past seven years? ☐ YES ☐ NO
- b. held an interest in an AB/CV license which has been suspended or revoked, or voluntarily surrendered? ☐ YES ☐ NO
- c. any knowledge of illegal activity by its principals which may affect this license or the licensed premises? ☐ YES ☐ NO

PART VI

STATEMENT OF APPLICANT: Under the pains and penalties of perjury, I affirm that the preceding answers are true to the best of my knowledge and belief, and that there are no other indirect interests in this license other than those indicated in this application.

DATE SIGNED _____

SIGNATURE OF APPLICANT _____

PRINT NAME _____

RELATIONSHIP TO BUSINESS _____

PHONE NUMBER WHERE _____

APPLICANT MAY BE REACHED _____